

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Mr</i>	<i>47812</i>	<i>8/15/00</i>
O.I.P.E. CLASSIFIER		<i>49</i>	<i>3/20/00</i>
FORMALITY REVIEW		<i>00500</i>	<i>5/15</i>
RESPONSE FORMALITY REVIEW			<i>6/19</i>

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
"	Allowed	I	Interference
-	(Through numeral) Canceled	A	Appeal
+	Restricted	O	Objected

Claim	Date
Final Original	
1	<i>1/5/03</i>
2	<i>1/5/03</i>
3	<i>1/5/03</i>
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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